

posed laws lie quietly in the committee files. All this is reassuring; but too much faith should not be placed on such quiescence, as may be noted from the item that recently appeared under date of July 18, in newspapers throughout the country. Perusal of this article will indicate its significance, and in possibly influencing citizens to become favorable to legislation such as that proposed by Senator Wagner. Excerpt follows:

STEP TO LIBERALIZE SECURITY ACT URGED

Board Chief Submits Eight-Point Program, Including Provision for Health Insurance

Washington, July 18 (AP).—An eight-point program for liberalizing the Social Security Act to provide for health insurance . . . was recommended today by Chairman Arthur J. Altmeyer of the Social Security Board.

Asserting that the national defense program has created many new problems of insecurity, Altmeyer told a House committee studying worker migration that it is more essential now than ever to make progress in social security.

Altmeyer commented in a statement submitted to the committee that when the defense program arose some said there was no need for further advancement of social gains. Then he remarked that under similar circumstances Great Britain liberalized and extended its social security program and added:

"That is what Britain has done when Britain was up against bombs.

"We have made a good beginning in our social security program but that is not enough. We still do not have any social insurance program covering the risk of ill health. The method of social insurance can be applied to the problems of health just as it already has been applied in the case of unemployment, old age and death."

Recalling that some persons had expressed concern that health security might lead to "socialized medicine," Altmeyer said:

"'Socialized medicine' is something to which I am opposed if that phrase means a system which destroys the personal relationship between the patient and his doctor. The present trouble about free choice of a doctor is that so many people have neither a choice nor a doctor. . . ."—*Los Angeles Times*.

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Comment.—That Chairman Arthur J. Altmeyer, of the Social Security Board, is acting in good faith cannot be doubted. But whether he fully appreciates the full import and end-results that would accrue through enactment of a national health act such as that proposed by Senator Wagner, may be questioned. It is easy enough for Chairman Altmeyer to say:

Socialized medicine is something to which I am opposed if that phrase means a system which destroys the personal relationship between the patient and the doctor. . . .

But the question arises as to how much Mr. Altmeyer actually knows about maintaining the "personal relationship between the patient and doctor" as it prevails under the existing system of medical practice in the United States, and as it would become manifest in panel systems operating under national or statewide sickness insurance plans.

There we have the crux of the objections to governmental control of medical practice by many physicians: the panel systems and bureaucracies necessary to carry through such a governmental sickness program, would lead, without doubt, to a deterioration in the quality of medical service, and

thus make worse, instead of better, whatever inadequacies may now exist in medical service under the present system. Such deficiencies can and will be eliminated through evolutionary progress, from both within and without the profession of medicine; but never by procedures certain to be brought into being through Senator Wagner's National Health (Sickness!)* Act, or similar measures.

**CALIFORNIA BASIC SCIENCE INITIATIVE:
SIGNATURE PETITIONS WILL BE
DISTRIBUTED**

On Former Procedures.—In 1927, CALIFORNIA AND WESTERN MEDICINE began the agitation for a Basic Science Law that would make it necessary for every applicant for licensure, by one of the three healing art boards of the State, to submit to such a board a statement from the California Basic Science Board (yet to be created), certifying that the applicant had shown himself possessed of proper knowledge in the basic sciences.

The first steps to promote the passage of a Basic Science Law were taken in 1926, by a special committee of the Los Angeles County Medical Association, that committee being responsible for the introduction to the California Legislature, on January 17, 1929, of "An Act to Regulate the Examination of Applicants for Licensure in the 'Basic Sciences,' to Establish a State Board of Examiners in the 'Basic Sciences.'" . . .

The California Medical Association then sponsored the movement, the local committee becoming the state committee. Agitation was continued, as may be noted by glancing at the many references to articles appearing in the OFFICIAL JOURNAL.†

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Activities of Last Several Years.—In January, 1935, the campaign of education had been carried on to such extent that it was deemed desirable again to submit a Basic Science Law to the California Legislature. This was done on January 26, 1935, through Assembly Bill 1552, that being "An Act to Establish a State Board of Qualifying Certificate Examiners in the Fundamental Sciences Underlying the Practice of the Healing Arts." . . .

This second measure was in the nature of a trial balloon, to determine, somewhat, if possible, the directions from which opposition to such a law might be expected. Subsequent to this, the Council of the California Medical Association instructed its Committee on Public Relations to study and prepare a draft of a Basic Science Act. Since California is a multiple board state, with three legally recognized healing art groups to license doctors of medicine, and graduates of osteopathic and chiropractic schools, and because the osteopathic and chiropractic laws were enacted by vote of the citizens, it became necessary to draft the proposed

* "National Health Act" is a term that has alluring political appeal. For comment, in this issue, see Dr. Haven Emerson's letter on page 107.

† For list of articles on Basic Science Law, see page 104.

Basic Science Act for submittal as an initiative measure. Progress reports, made by the Committee on Public Relations, concerning the draft now completed, have appeared in *CALIFORNIA AND WESTERN MEDICINE*.

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Initiative Petitions Now Ready for Circularization.—After these many years, it is gratifying to be able to announce that the Basic Science Law is at last in final legal form, and that the necessary documents and informative literature may be in the mails when this August issue appears.

Additional information is given in this number, in the department of the Committee on Public Health Education,[†] the committee upon which the Council has placed the responsibility of supervision of the campaign to secure sufficient signatures to validate the initiative petition, so that it may be placed on the ballot of the next state election. Members of the Association are requested to maintain active interest, and feel free to consult their county society officers, and when the petitions are sent out for signatures, and in subsequent activities, to give fullest cooperation.

MEDICAL PREPAREDNESS

Symposia on Medical Preparedness.—In the current issue of *CALIFORNIA AND WESTERN MEDICINE* appears a series of papers read at the annual session held at Del Monte on Thursday, May 8, 1941, as part of a symposium on medical preparedness. Members who were not present there may still wish to scan comments made by speakers representing the various military services. An equally interesting symposium is that which appeared in the *Journal of the American Medical Association* of July 19, 1941. Because of the urgency and importance of events crowding in on the people of the United States, in the solution of which members of the medical profession may be called upon to bear special responsibilities, it will be worth the time of every licensed physician to give serious thought to the problems discussed. Perusal of the papers, as a matter of fact, should make for suggestive thinking and a broader outlook on the part each doctor of medicine may be called upon to take in the near future.

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Importance of Civil Practice.—These matters deeply concern physicians in civil as well as those in military practice. Today, the adult civilian population of every state is being rapidly divided into two groups: (1) Men and women concerned with essential industries, and (2) those who are not. One need only remember that, for every soldier or sailor, the work and output of at least ten civilians are needed if combat efficiency is to be maintained. Self-evident, therefore, is the place of the physician still in civilian practice, especially if he is called upon to care for any considerable number of citizens having industrial relationships.

[†] See page 96.

Also, in case conditions should go on to real warfare, the maintenance of morale of men in the military services can be best promoted and sustained if worries concerning illnesses of relatives left at home are kept down to a minimum. Certainly, here is abundant opportunity for genuine service by all physicians who remain in civil practice. They, also, have a real part to play.

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Administration of the Selective Service Act.

In the establishment and administration, too, of the Selective Service Act, it is important that the law shall be of almost universal application, so that all citizens of certain age groups will be treated in a justly similar manner. The provision in placing, on the more than six thousand local draft boards, the responsibility of determining who should and who should not be deferred, is somewhat similar to the analogous authority resting on component county medical societies in which such units are called upon to be the sole judges as to who shall and who shall not be admitted to membership. It is evident that such plans work out to best advantage in the largest number of cases, even though, at times, errors in judgment may occur. Fortunately, as regards deferments of medical students (members of an activity that should be construed as an "essential profession"), the announcement of the Deputy Director of Selective Service, General Lewis B. Hershey, to which reference has several times been made in previous issues, has gone far in clarifying the situation, so that, in most cases, deferments are now being made. In connection with medical instruction, however, the establishment of four quarters of continuous teaching, with possible graduation at the end of three years, will make for heavy increase of burdens for many busy physicians.

To show how close at home these problems can come, mention may be made that Dr. Philip K. Gilman, who, as chairman of the California Medical Association Council, has given much time in the central office, is now in active service as a Captain, Medical Corps, U. S. Navy. Fortunately, for the time being, he is still stationed at San Francisco, where his services and advice in both medical preparedness and Council business will continue available to the California Medical Association.

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Concerning Physical Disabilities of Selectees.

Lately, in some quarters, much stress has been placed on the rather large number of citizens coming within the scope of the Selective Service Act, who are suffering from physical disabilities sufficient in kind or amount to make them ineligible for full military service. A study of these physical defects reveals that many are of a type that do not interfere with civilian activities. Often deficiencies of the kind recorded are remediable, but owing to the fact that they cause no constant or pressing distress, they have not been submitted for treatment. If, then, out of these examinations, will come a saner and broader approach on ways and